

Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **August 1-15, 2007**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

Application for Federal Assistance SF-424

Version 02

*** 1. Type of Submission:**

- ☐ Preapplication
☒ Application
☐ Changed/Corrected Application

*** 2. Type of Application:**

- ☐ New
☐ Continuation
☒ Revision

*** If Revision, select appropriate letter(s):**

*** Other (Specify)**

*** 3. Date Received:**

4. Applicant Identifier:

5a. Federal Entity Identifier:

*** 5b. Federal Award Identifier:**

07146

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*** a. Legal Name:** Valley Public Television, Inc.

*** b. Employer/Taxpayer Identification Number (EIN/TIN):**

77-0162617

*** c. Organizational DUNS:**

61-193-0918

d. Address:

*** Street1:** 1544 Van Ness Avenue

Street2:

*** City:** Fresno

County:

*** State:** CA

Province:

*** Country:** USA: United States

*** Zip / Postal Code:** 93721-1213

RECEIVED

AUG 02 2007

STATE CLEARING HOUSE

e. Organizational Unit:

Department Name:

Division Name:

f. Name and contact information of person to be contacted on matters involving this application:

Prefix: Ms.

*** First Name:** Phyllis

Middle Name:

*** Last Name:** Brotherton

Suffix:

Title: Senior VP & CFO

Organizational Affiliation:

PBS

*** Telephone Number:** (559) 266-1800

Fax Number: (559) 650-1880

*** Email:** pbrotherton@kvpt.org

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

M

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

Other (specify):

*** 10. Name of Federal Agency:**

NTIA / OTIA / PTFP

11. Catalog of Federal Domestic Assistance Number:

11.550

CFDA Title:

Public Telecommunications Facilities Program

*** 12. Funding Opportunity Number:**

TBA

* Title:

Public Telecommunications Facilities Program

13. Competition Identification Number:

Title

14. Areas Affected by Project (Cities, Counties, States, etc):

Bakersfield

*** 15. Descriptive Title of Applicant's Project:**

Construction Project

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant 19

* b. Program/Project 20,22

Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:

* a. Start Date: 10/01/2007

* b. End Date: 03/31/2009

18. Estimated Funding (\$):

* a. Federal	57,750
* b. Applicant	57,750
* c. State	
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	115,500

* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

- ☒ a. This application was made available to the State under the Executive Order 12372 Process for review on 07/30/2007
- ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- ☐ c. Program is not covered by E.O. 12372.

* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

☐ Yes ☒ No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that thy false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

☒ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: Ms. * First Name: Phyllis

Middle Name:

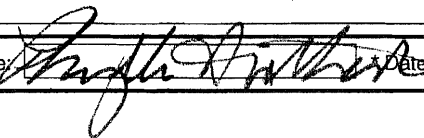
* Last Name: Brotherton

Suffix:

* Title: Senior VP & CFO

* Telephone Number: (559) 266-1800 Fax Number: (559) 650-1880

* Email: pbrotherton@kvpt.org

* Signature of Authorized Representative:  Date Signed: 7/26/07

Application for Federal Assistance SF-424

Version 02

*** 1. Type of Submission:**

- ☐ Preapplication
☒ Application
☐ Changed/Corrected Application

*** 2. Type of Application:**

- ☒ New
☐ Continuation
☐ Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

*** 3. Date Received:**

Completed by Grants.gov upon submission.

4. Applicant Identifier:

R9 Tracking Number 07-427

5a. Federal Entity Identifier:

*** 5b. Federal Award Identifier:**

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: California Air Resources Board

* b. Employer/Taxpayer Identification Number (EIN/TIN):

68-0288069

* c. Organizational DUNS:

828321871

d. Address:

* Street1: 1001 I Street

Street2: P.O. Box 2815

* City: Sacramento

County: Sacramento

* State: California

Province:

* Country: USA

* Zip / Postal Code: 95812

e. Organizational Unit:

Department Name:

California Air Resources Board

Division Name:

Administrative Services Division

f. Name and contact information of person to be contacted on matters involving this application:

Prefix:

Mr.

* First Name:

Matthew

Middle Name:

* Last Name:

Singh

Suffix:

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AUG 03 2007

STATE CLEARING HOUSE

Title: Staff Services Manager I

Organizational Affiliation:

* Telephone Number: (916) 322-8201

Fax Number: (916) 322-9612

* Email: msingh@arb.ca.gov

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

* 12. Funding Opportunity Number:

* Title:

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

* 15. Descriptive Title of Applicant's Project:

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant 03

* b. Program/Project Statewide

Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:

* a. Start Date: 10/1/07

* b. End Date: 9/30/08

18. Estimated Funding (\$):

* a. Federal	\$7,552,195.00
* b. Applicant	\$20,515,500.00
* c. State	
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	\$28,067,695.00

* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

- ☒ a. This application was made available to the State under the Executive Order 12372 Process for review on .
- ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- ☐ c. Program is not covered by E.O. 12372.

* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

☐ Yes ☒ No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

☐ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: Ms. * First Name: Marie

Middle Name:

* Last Name: Stephans

Suffix:

* Title: Chief, Administrative Services

* Telephone Number: (916) 322-8198 Fax Number: (916) 322-5982

* Email: mstephan@arb.ca.gov

* Signature of Authorized Representative

* Date Signed: 8/1/07

Authorized for Local Reproduction

RCH
#304

7-19-07

OMB Number: 4040-0004

Expiration Date: 01/31/2009

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission: <input checked="" type="checkbox"/> Preapplication Application Changed/Corrected Application		* 2. Type of Application: * If Revision, select appropriate letter(s): <input checked="" type="checkbox"/> New Continuation * Other (Specify) Revision	
* 3. Date Received:		4. Applicant Identifier:	
5a. Federal Entity Identifier:		* 5b. Federal Award Identifier:	
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">RECEIVED AUG 06 2007 STATE CLEARING HOUSE</div>			
State Use Only:			
6. Date Received by State:		7. State Application Identifier:	
8. APPLICANT INFORMATION:			
* a. Legal Name: SELF-HELP ENTERPRISES			
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1592676		* c. Organizational DUNS: 056179906	
d. Address:			
* Street1: 8445 WEST ELOWIN COURT Street2: P.O. BOX 6520 * City: VISALIA County: TULARE COUNTY * State: CALIFORNIA Province: * Country: USA: UNITED STATES * Zip / Postal Code: 93290			
e. Organizational Unit:			
Department Name:		Division Name:	
f. Name and contact information of person to be contacted on matters involving this application:			
Prefix: MR. * First Name: MARIO Middle Name: * Last Name: OROSCO Suffix: Title: ADMINISTRATIVE ANALYST II Organizational Affiliation: * Telephone Number: (559) 651-1000, EXT. 696 Fax Number: (559) 651-3634 * Email: marioo@selfhelpenterprises.org			

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

M. NONPROFIT

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

USDA RURAL DEVELOPMENT

11. Catalog of Federal Domestic Assistance Number:

10.433

CFDA Title:

RURAL HOUSING PRESERVATION GRANTS

* 12. Funding Opportunity Number:

USDA-RD-HCFP-HPG-2007: HOUSING PRESERVATION GRANTS

* Title:

NOTICE OF FUNDS AVAILABILITY FOR THE SECTION 533 HOUSING PRESERVATION GRANTS FOR
FISCAL YEAR 2007

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

CITIES OF HUGHSON & HURON, CALIFORNIA
KINGS COUNTY, MADERA COUNTY, MERCED COUNTY & TULARE COUNTY, CALIFORNIA

* 15. Descriptive Title of Applicant's Project:

THE PRESERVATION OF HOUSING FOR LOW TO VERY LOW-INCOME HOUSEHOLDS BY
PROVIDING LOANS AND/OR GRANTS TO REPAIR THEIR HOMES AND BRING THEM UP TO
RHS THERMAL STANDARDS.

Attach supporting documents as specified in agency instructions.

[Add Attachments](#) [Delete Attachments](#) [View Attachments](#)

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant 21

* b. Program/Project 18 - 21

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment

17. Proposed Project:

* a. Start Date: 08/01/07

* b. End Date: 08/01/08

18. Estimated Funding (\$): 600,000

* a. Federal \$110,000.00

* b. Applicant

* c. State \$490,000.00

* d. Local

* e. Other

* f. Program Income

* g. TOTAL \$600,000.00

* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

X a. This application was made available to the State under the Executive Order 12372 Process for review on

b. Program is subject to E.O. 12372 but has not been selected by the State for review.

c. Program is not covered by E.O. 12372.

* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

Yes X No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

X ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: MR.

* First Name: PETER

Middle Name: NUGENT

* Last Name: CAREY

Suffix:

* Title: PRESIDENT & CEO

* Telephone Number: (559) 651-1000, EXT. 600

Fax Number: (559) 651-3634

* Email: peterc@selfhelpenterprises.org

* Signature of Authorized Representative:

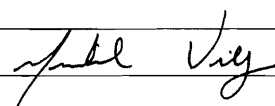
* Date Signed: MAY 16, 2007

**APPLICATION FOR
FEDERAL ASSISTANCE**

1. TYPE OF SUBMISSION:		2. DATE SUBMITTED June 27, 2007	Applicant Identifier FY 2007 PL Overall Work Program
Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	3. DATE RECEIVED BY STATE	State Application Identifier 94-6001344-C
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: California Department of Transportation		Organizational Unit: Division of Transportation Planning	
Address (give city, county, State, and zip code): P.O. Box 942874, MS - 32 Sacramento, CA 94274-0001		Name and telephone number of person to be contacted on matters involving this application (give area code) C. Garth Hopkins, Acting Chief Office of Regional & Interagency Planning Transportation Planning. (916) 633-3362	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6001347		7. TYPE OF APPLICANT: (enter appropriate letter in box) A	
B. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify) _____	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 20-205 TITLE: MPO Highway Planning		9. NAME OF FEDERAL AGENCY: DOT, Federal Highway Administration, Region IX	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): State of California		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: FY 2007/08 Federal Planning Funds \$39,522,228 in FHWA PL Funds (Estimate)	
13. PROPOSED PROJECT FY 2007 OWP Program	14. CONGRESSIONAL DISTRICTS OF: California Statewide		
Start Date 7/1/07	Ending Date 6/30/07	a. Applicant Statewide	b. Project Statewide Metropolitan Planning
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 39,522,228.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 06/27/07	
b. Applicant	\$.00	b. No. PROGRAM IS NOT COVERED BY E. O. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
d. Local	\$ 5,120,523.00	<input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
e. Other	\$.00		
f. Program Income	\$.00		
g. TOTAL	\$ 44,642,751.00		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative C. Garth Hopkins	b. Title Acting Chief, Office of Regional & Interagency Planning	c. Telephone Number (916) 653-3362	
d. Signature of Authorized Representative	e. Date Signed June 27, 2007		

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED August 1, 2007		Applicant Identifier R9 Tracking #07-419	
Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier A009009-08-0	
5. APPLICANT INFORMATION					
Legal Name: Ventura County Air Pollution Control District			Organizational Unit: Department: Ventura County Air Pollution Control District		
Organizational DUNS: 066691122			Division: N/A		
Address: Street: 669 County Square Drive, 2nd Floor			Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Ms. First Name: Nancy		
City: Ventura			Middle Name S.		
County: Ventura			Last Name Mendoza		
State: CA		Zip Code 93003		Suffix: N/A	
Country: U.S.A.			Email: nancy@vcapcd.org		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6000944			Phone Number (give area code) (805) 645-1402		Fax Number (give area code) (805) 645-1444
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input type="checkbox"/> <input type="checkbox"/>			7. TYPE OF APPLICANT: (See back of form for Application Types) B Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Air Pollution Control Program 66-001			9. NAME OF FEDERAL AGENCY: U. S. Environmental Protection Agency		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Ventura County			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Ventura County local Air Pollution Control Program for the operation of an effective program that complies with the Federal and State requirements.		
13. PROPOSED PROJECT Start Date: October 1, 2007 Ending Date: September 30, 2008			14. CONGRESSIONAL DISTRICTS OF: a. Applicant b. Project 23 & 24		
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$	1,152,827.00	a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON		
b. Applicant	\$	6,441,411.00	DATE:		
c. State	\$	202,000.00	b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
d. Local	\$.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
e. Other	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
f. Program Income	\$	30,000.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
g. TOTAL	\$	7,796,238.00			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative					
Prefix Mr.		First Name Michael		Middle Name	
Last Name Villegas		Suffix		c. Telephone Number (give area code) (805) 645-1440	
b. Title Air Pollution Control Officer		d. Signature of Authorized Representative 		e. Date Signed 8/1/2007	

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction <input type="checkbox"/> Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction <input checked="" type="checkbox"/>		2. DATE SUBMITTED 6/18/07	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: County of Fresno		Organizational Unit: Department: Department of Public Works and Planning	
Organizational DUNS: 078787397		Division: Community Development	
Address: Street: 2220 Tulare Street, 8th Floor		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Fresno		Prefix: Ms.	First Name: Rebecca
County: Fresno		Middle Name	
State: CA		Last Name Madrigal	
Zip Code 93721		Suffix:	
Country: U.S.A.		Email: rxmadrigal@co.fresno.ca.us	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000512		Phone Number (give area code) (559) 262-4292	Fax Number (give area code) (559) 488-3940
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)		7. TYPE OF APPLICANT: (See back of form for Application Types) B. - County Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-433 TITLE (Name of Program): Housing Preservation Grant		9. NAME OF FEDERAL AGENCY: U.S.D.A. Rural Development	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Fresno County unincorporated rural areas		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Owner-Occupied Housing Rehabilitation Project in rural Fresno County	
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date: 10/1/07	Ending Date: 9/30/09	a. Applicant 18, 19, 20, 21	b. Project 18, 19, 20, 21
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 100,000.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON	
b. Applicant	\$ 100,000.00	DATE: June 4, 2007	
c. State	\$.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
d. Local	\$.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
e. Other	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
f. Program Income	\$.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
g. TOTAL	\$ 200,000.00		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative			
Prefix Mr.	First Name Alan	Middle Name	
Last Name Weaver		Suffix	
b. Title Director, Department of Public Works and Planning		c. Telephone Number (give area code) (559) 262-4078	
d. Signature of Authorized Representative		e. Date Signed June 12, 2007	

RCH
#304

1-19-07

OMB Approval No. 0348-0043

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: <input type="checkbox"/> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED June 27, 2007		Applicant Identifier FY 2007 PL Overall Work Program	
Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier 94-6001344-C	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: California Department of Transportation			Organizational Unit: Division of Transportation Planning		
Address (give city, county, State, and zip code): P.O. Box 942874, MS - 32 Sacramento, CA 94274-0001			Name and telephone number of person to be contacted on matters involving this application (give area code) C. Garth Hopkins, Acting Chief Office of Regional & Interagency Planning Transportation Planning, (916) 653-3362		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94 - 6001347			7. TYPE OF APPLICANT: (enter appropriate letter in box) A A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____		
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____			9. NAME OF FEDERAL AGENCY: DOT, Federal Highway Administration, Region IX		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 20 - 515 TITLE: State Planning and Research Program			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: FY 2007/08 State Planning & Research Funds \$1,059,625 in Partnership Planning Grant Program \$5,000,000 in CA Regional Blueprint Planning Program		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): State of California					
13. PROPOSED PROJECT FY 2007 OWP Program		14. CONGRESSIONAL DISTRICTS OF: California Statewide			
Start Date 7/1/07	Ending Date 6/30/07	a. Applicant Statewide		b. Project Statewide Planning & Research Studies	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?			
a. Federal	\$	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 06/27/07			
b. Applicant	\$	b. No. PROGRAM IS NOT COVERED BY E. O. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
c. State	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?			
d. Local	\$	<input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No			
e. Other	\$				
f. Program Income	\$				
g. TOTAL	\$				
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Type Name of Authorized Representative C. Garth Hopkins		b. Title Acting Chief, Office of Regional & Interagency Planning		c. Telephone Number (916) 653-3362	
d. Signature of Authorized Representative				e. Date Signed June 27, 2007	

RCH
#304

OMB Approval No. 0348-0043

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: <input type="checkbox"/> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED June 27, 2007		Applicant Identifier FY 2007 PL Overall Work Program	
3. DATE RECEIVED BY STATE		State Application Identifier 94-6001344-C			
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier			

5. APPLICANT INFORMATION

Legal Name: California Department of Transportation	Organizational Unit: Division of Transportation Planning
Address (give city, county, State, and zip code): P.O. Box 942874, MS - 32 Sacramento, CA 94274-0001	Name and telephone number of person to be contacted on matters involving this application (give area code) C. Garth Hopkins, Acting Chief Office of Regional & Interagency Planning Transportation Planning, (916) 653-3382

6. EMPLOYER IDENTIFICATION NUMBER (EIN):
94-6001347

7. TYPE OF APPLICANT: (enter appropriate letter in box) **A**

A. State	H. Independent School Dist.
B. County	I. State Controlled Institution of Higher Learning
C. Municipal	J. Private University
D. Township	K. Indian Tribe
E. Interstate	L. Individual
F. Intermunicipal	M. Profit Organization
G. Special District	N. Other (Specify) _____

8. TYPE OF APPLICATION:
☐ New ☒ Continuation ☐ Revision
 If Revision, enter appropriate letter(s) in box(es) ☐ ☐
 A. Increase Award B. Decrease Award C. Increase Duration
 D. Decrease Duration Other(specify): _____

9. NAME OF FEDERAL AGENCY:
DOT, Federal Highway Administration, Region IX

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
20-514
TITLE: Transit Planning and Research

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
FY 2007/08 49 U.S.C., Chapter 53, Section 5303 Metropolitan Planning Program - \$12,177,822
FY 2007 49 U.S.C., Chapter 53, Section 5305 State Planning & Research Program - \$2,390,046

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
State of California

13. PROPOSED PROJECT
FY 2007 OWP Program

14. CONGRESSIONAL DISTRICTS OF:
California Statewide

Start Date 7/1/07	Ending Date 6/30/07	a. Applicant Statewide	b. Project Statewide Transit Planning
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15. ESTIMATED FUNDING:

a. Federal	\$	\$14,567,868
b. Applicant	\$	
c. State	\$	
d. Local	\$	\$1,887,422
e. Other	\$	
f. Program Income	\$	
g. TOTAL	\$	\$16,455,290

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
DATE 06/27/07

b. No. PROGRAM IS NOT COVERED BY E. O. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
☐ Yes If "Yes," attach an explanation. ☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Type Name of Authorized Representative C. Garth Hopkins	b. Title Acting Chief, Office of Regional & Interagency Planning	c. Telephone Number (916) 653-3362
d. Signature of Authorized Representative	e. Date Signed June 27, 2007	

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED	Applicant Identifier
<input type="checkbox"/> Construction	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION	
Legal Name: Burbank Housing Development Corporation	Organizational Unit: Department: Development
Organizational DUNS: 103427225	Division:
Address: Street: 790 Sonoma Avenue	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Tom
City: Santa Rosa	Middle Name
County: Sonoma	Last Name Kuhn
State: CA	Suffix:
Country: USA	Email: tkuhn@burbankhousing.org

RECEIVED
AUG 09 2007
STATE CLEARING HOUSE

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-2837785	Phone Number (give area code) 707-526-1020 ext. 283	Fax Number (give area code) 707-526-9811
---	--	---

8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)	7. TYPE OF APPLICANT: (See back of form for Application Types) Non-Profit Other (specify)
---	--

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-420 Title (Name of Program):	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Manzanita Self-Help Housing Development of 22 Mutual Self-Help Homes \$484,000 represents 100% of the grant amount.
---	---

RECEIVED
AUG 09 2007
STATE CLEARING HOUSE

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Windsor, Sonoma County, CA.	14. CONGRESSIONAL DISTRICTS OF: a. Applicant First b. Project First
---	--

13. PROPOSED PROJECT Start Date: 06-01-08 Ending Date: 08-31-09	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 08/03/07 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
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15. ESTIMATED FUNDING:	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input type="checkbox"/> No
a. Federal \$.00	
b. Applicant \$.00	
c. State \$.00	
d. Local \$.00	
e. Other \$.00	
f. Program Income \$.00	
g. TOTAL \$.00	

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Authorized Representative Prefix: Mr. First Name: Nick Middle Name: Last Name: Stewart Suffix:	
b. Title Deputy Executive Director Signature of Authorized Representative	c. Telephone Number (give area code) 707-526-1020 ext. 211 e. Date Signed 8/6/07

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED August 9, 2007		Applicant Identifier																						
		3. DATE RECEIVED BY STATE		State Application Identifier																						
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier																						
5. APPLICANT INFORMATION																										
Legal Name: Community Resource Project, Inc.			Organizational Unit: Department:																							
Organizational DUNS:			Division:																							
Address: Street: 250 Harris Avenue City: Sacramento County: Sacramento State: California Zip Code: 95838			Name and telephone number of person to be contacted on matters involving this application (give area code): Prefix: Mr. First Name: John Middle Name: Last Name: Weidemaier Suffix: Email: jweidemaier@rcac.org																							
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-2280427			Phone Number (give area code) 530-741-2227		Fax Number (give area code) 530-741-2228																					
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)			7. TYPE OF APPLICANT: (See back of form for Application Types) <input type="checkbox"/> O Other (specify)																							
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Communities Facilities Loans and Grants 10-766			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Construction of 28,000 square foot family learning center in downtown Galt, California. At completion, the family learning center will house Community resource Project's WIC and weatherization programs and a new Charter School, the Nueva Vision Academy. Additional space will be leased to organizations providing services to low-income families.																							
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Galt, Sacramento County, California			9. NAME OF FEDERAL AGENCY: U.S. Department of Agriculture, Rural Development																							
13. PROPOSED PROJECT Start Date: March 2008 Ending Date: March 2009			14. CONGRESSIONAL DISTRICTS OF: a. Applicant: 5 - Doris Matsui b. Project: 3 and 11																							
15. ESTIMATED FUNDING: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>a. Federal</td> <td>\$</td> <td>3,177,472.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td>505,000.00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td>.00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td>.00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td>.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td>.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td>3,682,472.00</td> </tr> </table>			a. Federal	\$	3,177,472.00	b. Applicant	\$	505,000.00	c. State	\$.00	d. Local	\$.00	e. Other	\$.00	f. Program Income	\$.00	g. TOTAL	\$	3,682,472.00	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: August 9, 2007 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
a. Federal	\$	3,177,472.00																								
b. Applicant	\$	505,000.00																								
c. State	\$.00																								
d. Local	\$.00																								
e. Other	\$.00																								
f. Program Income	\$.00																								
g. TOTAL	\$	3,682,472.00																								
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No			18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																							
a. Authorized Representative Prefix: Ms. First Name: Louise Last Name: Perez Title: Executive Director Signature of Authorized Representative			Middle Name: A. Suffix: Telephone Number (give area code): 916-567-5220 x.225 Date Signed:																							



BJA FY 07 Edward Byrne Memorial Justice Assistance Grant
(JAG) Program 2007-F3402-CA-DJ[Application](#)[Correspondence](#)[Switch to ...](#)**Review SF-424** [Print a Copy](#)**Application Handbook**[Overview](#)[Applicant
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Attachments](#)[Assurances and
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Asked Questions](#)[GMS Home](#)[Log Off](#)

APPLICATION FOR FEDERAL ASSISTANCE	2. DATE SUBMITTED June 25, 2007	Applicant Identifier
1. TYPE OF SUBMISSION Application Non-Construction	3. DATE RECEIVED BY STATE	State Application Identifier
	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION		
Legal Name San Joaquin County	Organizational Unit County Administrator's Office	
Address 222 E Weber Avenue Room 707 Stockton, California 95202-2709	Name and telephone number of the person to be contacted on matters involving this application Brown, Phillip (209) 468-3204	
6. EMPLOYER IDENTIFICATION NUMBER (EIN) 94-6000531	7. TYPE OF APPLICANT County	
8. TYPE OF APPLICATION New	9. NAME OF FEDERAL AGENCY Bureau of Justice Assistance	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 16.738 CFDA EDWARD BYRNE MEMORIAL JUSTICE TITLE: ASSISTANCE GRANT PROGRAM	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT JAG Youth Program	
12. AREAS AFFECTED BY PROJECT San Joaquin County, California		
13. PROPOSED PROJECT Start Date: July 01, 2007 End Date: June 30, 2011	<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED AUG 13 2007 STATE CLEARING HOUSE </div>	
	14. CONGRESSIONAL DISTRICTS OF A. Applicant B. Project CA11 CA18	
15. ESTIMATED FUNDING	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
Federal	\$504,437	This preapplication/application was made available to the state executive order 12372 process for review on 07/25/2007
Applicant	\$0	
State	\$0	
Local	\$0	

Other	\$0	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? N
Program Income	\$0	
TOTAL	\$504,437	

**18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION
PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED
BY GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE
ATTACHED ASSURANCES IF THE ASSISTANCE IS REQUIRED.**

Continue



BJA FY 07 Edward Byrne Memorial Justice Assistance Grant (JAG) Program 2007-F3402-CA-DJ


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Application Handbook

Project Information

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Descriptive Title of Applicant's Project

JAG Youth Program

Areas Affected by Project

San Joaquin County, California

Proposed Project

*Start Date

July/ 01/ 2007

*End Date

June/ 30/ 2011

*Congressional Districts of

Project

Congressional District 11, CA
Congressional District 18, CA

*Estimated Funding

Federal

\$504437.00

Applicant

\$0.00

State

\$0.00

Local

\$0.00

Other

\$0.00

Program Income

\$0.00

TOTAL

\$504437.00

[Continue](#)

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		Pre-application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	2. DATE SUBMITTED	Applicant Identifier	
			3. DATE RECEIVED BY STATE	State Application Identifier	
			4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: Woodville Public Utility District			Organizational Unit: Department:		
Organizational DUNS: 828114116			Division:		
Address: Street: 16716 Avenue 168 City: Woodville County: Tulare State: CA Country: USA			Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Dennis Middle Name: R. Last Name: Keller Suffix:		
Zip Code: 93245			Email: kelweg1@aol.com		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 4 — 1 5 4 5 6 5 2			Phone Number (give area code) (559) 732-7938		Fax Number (give area code) (559) 732-7937
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input type="checkbox"/> <input type="checkbox"/>			7. TYPE OF APPLICANT: (See back of form for Application Types) G Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Water and Waste Disposal Loan and Grant Program			9. NAME OF FEDERAL AGENCY: Rural Development, CA, USDA		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Community of Woodville, CA			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Construct and operate sludge dewatering beds at the wastewater treatment and disposal facility.		
13. PROPOSED PROJECT Start Date: June 2008 Ending Date: November 2008			14. CONGRESSIONAL DISTRICTS OF: a. Applicant 21 b. Project 21		
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS:		
a. Federal	\$	426,000 .00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: August 7, 2007		
b. Applicant	\$	99,000 .00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State	\$.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$.00			
e. Other	\$.00			
f. Program Income	\$.00			
g. TOTAL	\$	525,000 .00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes. If "Yes" attach an explanation. <input checked="" type="checkbox"/> No.		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative					
Prefix Mr.	First Name Ralph		Middle Name		
Last Name Gutierrez		Suffix			
b. Title Manager		c. Telephone Number (give area code) (559) 686-9649			
d. Signature of Authorized Representative 		e. Date Signed 8-6-07			

DRAFT**Application for Federal Assistance****DRAFT**

1. TYPE OF SUBMISSION		2. DATE SUBMITTED	Applicant Identifier
Application	Pre-application	3. DATE RECEIVED BY STATE 08/10/2007	State Application Identifier
<input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier NEG-CA-L2-07-001
5. APPLICANT INFORMATION			
Legal Name: NOVA Workforce Board		Organizational Unit (Department): City of Sunnyvale - Dept. of Employment Development (Division):	
Address: 505 W. Olive Avenue Suite 550 Sunnyvale, CA 94086		Name and telephone number of person to be contacted on matters involving this application: Name: Michael J. Curran Phone: (408) 730-7248 Fax: (408) 730-7643 Email: mcurran@novaworks.org	
6a. Employer Identification Number (EIN): 94-6000438		7. TYPE OF APPLICANT enter appropriate letter in box: [B] Other(specify):	
6b. DUNS Number: 047897863			
B. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other:		A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 17 - 260 TITLE: WIA DISLOCATED WORKERS		9. Name of Federal Agency: DOL/ETA	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): San Mateo and Santa Clara Counties		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Silicon Valley Regional Innovation Grant	
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF	
Start Date: 10/01/2007	Ending Date: 03/31/2009	a. Applicant: CA District 14 b. Project: CA District 11, CA District 12, CA District 14, CA District 15, CA District 16	
15. ESTIMATED FUNDING		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 250,000	<div style="border: 2px solid black; padding: 10px; text-align: center;"> RECEIVED AUG 15 2007 STATE CLEARING HOUSE </div>	
b. Applicant	\$ 0		
c. State	\$ 0		
d. Local	\$ 0		
e. Other	\$ 0		
f. Program Income	\$ 0		
g. TOTAL	\$ 250,000	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative: Michael J. Curran		b. Title: Director	c. Telephone Number (408) 730-7248
d. Signature of Authorized Representative:		a. Date Signed:	

The reporting requirements are approved by OMB according to the Paperwork Reduction Act of 1995 under OMB approval No. 1205-0439. **NOTE:** Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. Respondent's obligation to reply to these reporting requirements are mandatory (PL: 107-210). Public reporting burden for this collection of information is estimated at 15 minutes. Send comments regarding this burden or any other aspect of this collection, including suggestions for reducing the burden to the U.S. Department of Labor, Office of National Response, Room N-5422, Washington, D.C. 20210 (Paperwork Reduction Project 1205-0439).